

## City of Falls Church Recreation & Parks Emergency Information Form

Please provide **ALL** activity numbers for the camps in which your child is registered.

<b>Camper Name:</b>			
_____	_____	_____	
<b>First</b>	<b>Middle</b>	<b>Last</b>	
<b>Home Address:</b>		<b>City/State:</b>	
<b>Primary Guardian:</b>		<b>Primary phone:</b>	
<b>Employer:</b>		<b>Work Phone:</b>	
<b>Secondary Guardian:</b>		<b>Primary phone:</b>	
<b>Employer:</b>		<b>Work Phone:</b>	
<b>Please list three, local emergency contacts if the parent/guardian cannot be reached:</b>			
<b>Name:</b>		<b>Relation:</b>	<b>Phone:</b>
<b>Name:</b>		<b>Relation:</b>	<b>Phone:</b>
<b>Name:</b>		<b>Relation:</b>	<b>Phone:</b>
<b>Please list all persons authorized to pick up your child other than the parent/guardian:</b>			
<b>Medical Information</b>			
<b>Name of Health Insurance Company:</b>		<b>Child's Physician:</b>	
<b>Policy/Group/Employee Number:</b>	<b>HMO Number (if applicable):</b>	<b>Physician's Telephone:</b>	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Does your child have any allergies? If so, please specify below. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Will your child need medication during camp? If so, please request a medication authorization form. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Does your child require special accommodations? If so, please specify below.			
<b>Additional notes:</b>			
<b>SUMMER FUN CAMP PARTICIPANTS ONLY</b>			
I hereby <input type="checkbox"/> <b>DO</b> / <input type="checkbox"/> <b>DO NOT</b> (please check one) give permission for my child to participate in the Falls Church Recreation and Parks Summer Fun Playground program's swim trips to the Park Tower's pool located on Maple Avenue in Falls Church.			
<b>Please select child's swim ability level:</b> <span style="margin-left: 50px;">Non-swimmer</span> <span style="margin-left: 50px;">Some Experience</span> <span style="margin-left: 50px;">Experienced</span>			
I hereby <input type="checkbox"/> <b>DO</b> / <input type="checkbox"/> <b>DO NOT</b> (please check one) permit my child to sign his/herself out of camp and/or to bike or walk to and from the Falls Church Recreation and Parks Summer Fun Playground program without an adult.			
The camp has my permission, in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital. The hospital's medical staff has my authorization to provide treatment which a physician deems necessary for the well-being of my child.			
<b>PARENT/GUARDIAN SIGNATURE:</b> _____			<b>DATE:</b> _____